FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



LIGHT	1	ı I
		l
D	ATE RECEIV	ED
	1	1

$\mathbf{SECTION}$ 4(6), AND/OR	DATE RECEIVED
330049 UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 P Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE PECEIVED COM
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	CC JUN C 8 Zaub //
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Pioneer Rocketplane Corporation	Massilla Commission (Commission Commission C
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1825 Nimitz Drive, De Pere, WI 54115	(920) 339-4600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Holding shares of Rocketplane Limited	
	DDACESSE)
Type of Business Organization	PROCEED
✓ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	JUN 1 4 2005
Actual or Estimated Date of Incorporation or Organization: 12 95 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated HOMSON FINANCIAL

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Promoter Check Box(es) that Apply: Beneficial Owner Z Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Barclae, Peter (Number and Street, City, State, Zip Code) Business or Residence Address 1825 Nimitz Drive, De Pere, WI 54115 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) French, George Business or Residence Address (Number and Street, City, State, Zip Code) 1825 Nimitz Drive, De Pere, WI 54115 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Gibson, Edward Business or Residence Address (Number and Street, City, State, Zip Code) 1825 Nimitz Drive, De Pere, WI 54115 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lauer, Chuck Business or Residence Address (Number and Street, City, State, Zip Code) 1825 Nimitz Drive, De Pere, WI 54115 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Dickman, Craig Business or Residence Address (Number and Street, City, State, Zip Code) 1825 Nimitz Drive, De Pere, WI 54115 Check Box(es) that Apply: Beneficial Owner Director Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Clapp, Mitchell Business or Residence Address (Number and Street, City, State, Zip Code) 1825 Nimitz Drive, De Pere, WI 54115 Executive Officer Check Box(es) that Apply: Beneficial Owner Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG	kali (i			
1.	Has the	issuer solo	l, or does th	ne issuer ir	ntend to se	ll. to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No 😿
••	1140 0115		., 0. 0.00			Appendix				_			_
2.	2. What is the minimum investment that will be accepted from any individual?									\$_200.00			
3.	Does the offering permit joint ownership of a single unit?							Yes	No				
<i>3</i> .	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, a									×			
	If a pers	on to be lis s, list the na		ociated pe roker or de	rson or age aler. If mo	ent of a brok ore than five	ter or deale e (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	he offering. with a state ons of such		
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	i Street, Ci	ty, State, Z	(ip Code)						
Na	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)					•••••			States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	ll Name (Last name	first, if indi	vidual)	 								
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
No	ma of Ass	anintad De	oker or De	olar		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	-					
IN a.	ine of Ass	socialed bi	OKE! OI DE	1101									
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)			••••••	••••	***************************************	•••••	All	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE		FL	GA	HI	ID NO
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	\overline{WV}	WI	WY	PR
Ful	ll Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	Jumber an	d Street, C	City, State,	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler									
S+n	tag in Wh	ich Parcon	Listed Has	Calinitad	or Intende	to Solicit	Durchaser						
Sia			" or check	-								☐ Al	l States
	AL	ĀK	ĀZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	ĪL	ĪN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
								-					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		
	Equity	114,622.01	\$ <u>114,622.01</u>
	✓ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$	<u>\$_114,622.01</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors	15	§ 114,622.01
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	15	§ 114,622.01
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Turn of Offshine	Type of Security	Dollar Amount Sold
	Type of Offering Rule 505	•	\$
			Б
	Regulation A		\$
	Rule 504		\$ \$ 0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total	_	\$ 0.00

	OCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		114,622.01 \$
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	\$	 \$
Purchase of real estate	\$	<u>\$</u>
Purchase, rental or leasing and installation of machinery and equipment	\$	
Construction or leasing of plant buildings and facilities	\$	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	s	□ \$
Repayment of indebtedness		
Working capital		
Other (specify):		
	\$	\$
Column Totals	\$ 66,996.15	\$ 47,625.86
Total Payments Listed (column totals added)	□ \$ <u></u> 11	14,622.01
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission in the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	on, upon writte	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ate	
	lay २, 2005	
Name of Signer (Print or Type) Title of Signer (Print or Type)		
George D. French Corporate treasurer		

- ATTENTION -

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Pioneer Rocketplane Corporation		Maya, 4, 2005	
Name (Print or Type)	Title (Print or Type)		
George O. Frerch	Corporate Treasurer		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	to non-a	I to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR			The state of the s						
CA		×	Common \$.01 per	1	\$30,000.00				
со		×	Common \$.01 per	1	\$1,750.00				2000 pts comme 10000pts
СТ		×	Common \$.01 per	1	\$500.00			1	J
DE									
DC			Section of the sectio						
FL		×	Common \$.01 per	1	\$3,960.00				
GA			To constitution of the state of				:		
HI									
ID			- Commonweal						
IL		×	Common \$.01 per	1	\$10,000.00				
IN									
IA								\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
KS									Comment was as a
KY									
LA		and the second s						· ·	
ME	THE AND STANKES ASSESSMENT OF THE PROPERTY OF								
MD									
MA		×	Common \$.01 per	1	\$338.00				
MI		×	Common \$.01 per	2	\$26,115.00				
MN								41.1000	
MS		-	197 or 6824000						

2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM Common \$.01 per 2 NY × \$3,700.00 NC ND Common \$.01 per 1 \$788.00 OH X OK × OR PA RI SC SD TN Common \$.01 per TX X \$750.00 UT VTVACommon \$.01 per \$975.01 WA WV WI Common \$.01 per 2 \$45,246.00 X

APPENDIX

				APP	ENDIX						
1		2	3 Type of security	4				5 Disqualification under State ULOE			
	to non-a	d to sell accredited rs in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY		The state of the s									
PR											